

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

**Application for a Class E Household Goods
Certificate from Zip2Zip Movers, LLC.**

**BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA**

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Benjamin Fleming

Telephone: 843-509-6235

Address: 5 Alex Court

Fax: _____

Greenville, SC 29609

Other: _____

Email: info@zip2zipmovers.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Request for Name Change on Certificate

☐ Application - Class C Taxi

☐ Request to Amend Scope of Authority

☐ Application - Class C Charter

☐ Request to Amend Tariff (rate increase, etc.)

☐ Application - Class C Charter Bus

☐ Request to Amend Passenger Limit

☐ Application - Class C Non-Emergency

☐ Request

☐ Application - Class C Stretcher Van

☐ Exhibit

☒ Application - Class E Household Goods

☐ Late-Filed Exhibit

☐ Application - Class E Hazardous Waste

☐ Letter

☐ Application

☐ Proposed Order

☐ Request for Extension to Comply with Order

☐ Publisher's Affidavit

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Reservation Letter

☐ Request for Cancellation of Certificate

☐ Response

☐ Request for Suspension

☐ Return to Petition

☐ Request for Reinstatement

☐ Other: _____

RECEIVED

NOV 02 2020

PSC SC
CLERK'S OFFICE

ji

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100

Columbia, South Carolina 29210

Phone: (803) 896-5100

FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 10/27/2020

☒ E (HHG) - Household Goods

☐ E (HAZ) - Hazardous Material

IMPORTANT! If application is to amend scope of authority, a current annual report must be on file with the Commission **before** application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

☒ New Application

☐ Amended Scope of Authority

Current Scope:

(list counties)

Amended Scope:

(list counties)

1.

Zip2Zip Movers, LLC.

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

5 Alex Court, Greenville, SC 29609

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-509-6235

Phone

FAX

info@zip2zipmovers.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
- ☐ Partnership - List names and address of all person having an interest in the business.
- ☒ Corporation - List names and addresses of two principal officers.

Benjamin Fleming / 5 Alex Court, Greenville, SC 29609

Guilherme Vasques / 704 Emerald Hill Court, Simpsonville, SC 29681

4. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

5. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of convictions below.

6. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text"/>	Mortgage/Loan on Real Estate	<input type="text"/>
Value of Motor Vehicles	<input type="text" value="\$19,000.00"/>	Loans Owed on Motor Vehicles	<input type="text"/>
Cash on Hand	<input type="text"/>	Business/Other Loans Owed	<input type="text" value="\$15,000.00"/>
Cash in Bank	<input type="text" value="\$7,440.00"/>	Other Liabilities or Debts	<input type="text"/>
Value of Other Assets and Equipment	<input type="text" value="\$300"/>	Total Liabilities	<input type="text" value="\$15,000.00"/>
Total Assets	<input type="text" value="\$26,740.00"/>		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICEProposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

\$1.19/mile

\$45/hour/mover

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)☐ Hazardous Wastes, as defined in R103-210(2)Requested Scope of Authority: Check all counties in which you are requesting permission to operate.

You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to the Commission hearing, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Ford	2012 F750 Super Duty	3FRNF7FA9CV187153	13,000 lbs

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Zip2Zip Movers, LLC

Name of Applicant

5 Alex Court, Greenville, SC 29609

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 3,290.00

Limits \$750,000.00

Cargo Insurance \$ 1,125.00

Limits \$25,000.00

* Attach Certificate of Insurance if available.

Liability: Progressive / Cargo: Pennsylvania Manufacturers' Assoc Insurance Company

Name of Insurance Company

6300 Wilson Mills Rd, Mayfield Village, OH 44143 / 2815 Coliseum Centre Dr #680, Charlotte, NC 28217

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of **minimum limits for Household Goods** carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Zip2Zip Movers, LLC.

Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

- ☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

- ☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

- ☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

- ☐ Yes ☒ No

If "Yes", list judgements here:

--

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

- ☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

- ☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant believes that there is a need for its company's services in the proposed service area.

The Applicant understands that this completed Application serves as prefiled testimony for the Applicant for hearing purposes.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Benjamin Fleming
Applicant's Signature

Owner
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Greenville)

SWORN TO BEFORE ME
This 28 day of October, 2020

[Signature]
Notary Public

Commission Expires 7/16/23



Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Zip2Zip Movers, LLC.

Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes ☒ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes ☐ Not Applicable

I, Benjamin Fleming, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

This 28 day of October, 2020

Notary Public

Commission Expires

07/16/23



Benjamin Fleming
Applicant's Signature

378

Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Zip2Zip Movers LLC, a limited liability company duly organized under the laws of the State of South Carolina on August 4th, 2020, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 28th day
of October, 2020.


Mark Hammond, Secretary of State

Filing ID: 200804-1114594

Filing Date: 08/04/2020

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Zip2Zip Movers LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
5 Alex Court

(Street Address)

Greenville, South Carolina 29609

(City, State, Zip Code)

3. The initial agent for service of process is

Benjamin Fleming

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:
5 Alex Court

(Street Address)

Greenville

South Carolina 29609

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Cheyenne Moseley

(Name)

101 N. Brand Blvd., 11th Floor

(Street Address)

Glendale, California 91203

(City, State, Zip Code)

Zip2Zip Movers LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____.

Zip2Zip Movers LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Cheyenne Moseley

Signature of Organizer

Date: 08/04/2020

Signature of Organizer

Date: _____

Application for Insurance

Please review, sign where indicated, and return

PROGRESSIVE
COMMERCIAL

Policy number: 02705229-0

Named Insured: ZIP2ZIP MOVERS LLC

September 29, 2020

Page 1 of 5

Policy and premium information for policy number 02705229-0

Insurance company:	Progressive Northern Insurance Co P.O. BOX 94739 Cleveland, OH 44101
Agent:	LESLIE OCHES Progressive Insurance P.O. Box 6807 Cleveland, OH 44101 27510 1-800-776-4737
Named Insured:	ZIP2ZIP MOVERS LLC 5 ALEX COURT GREENVILLE, SC 29609 e-mail address: ATP.BENJAMIN@YAHOO.COM Phone Number: 1-843-509-6235
Financial responsibility vendor:	TRANS UNION 1-800-916-8800
Policy period:	Sep 29, 2020 - Sep 29, 2021
Effective date and time:	Sep 29, 2020 at 04:56PM ET
Total policy premium:	\$3,290.00
Initial payment required:	\$3,290.00
Initial payment received:	\$3,290.00
Payment plan:	1 payment

THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

Rated drivers

The insured declares that no persons other than those listed in this application regularly operate the vehicle(s) described in this application.

Name	Date of birth	Age	Marital status	Driver's license number	State	Points	Additional information	CDL	Original year CDL issued
BENJAMIN FLEMING	11/20/1986	33	Married	***5946	SC	0		Yes	2011

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$3,018
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		
Uninsured Motorist			64
Bodily Injury	\$100,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$200	

Continued

Policy number: 02705229-0

ZIP2ZIP MOVERS LLC

Page 2 of 5

Underinsured Motorist		61
Bodily Injury	\$100,000 combined single limit each accident	
Property Damage	(included in combined single limit)	\$0
Comprehensive		145
See Auto Coverage Schedule	Limit of liability less deductible	
Subtotal policy premium		\$3,288
South Carolina Uninsured Motorist Fund charge		2
Total 12 month policy premium and fees		\$3,290

Auto coverage schedule

1. **2012 Ford F750 SUPER DUTY** Stated Amount: *\$16,500 (including Permanently Attached Equip)
VIN: **3FRNF7FA9CV187153** Garaging Zip Code: 29609 Territory: 30 Radius: 50 miles
Personal use: N Body type: Straight Truck Use class: H

Liability Premium	Liability	UM	UIM	UM PD	UIM PD	
	\$3018	\$48	\$56	\$16	\$5	
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium				Auto Total
	\$500	\$145				\$3,288

Vehicle questions

NONE

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Financial responsibility information

Name	Home address	Age	Date of birth
BENJAMIN FLEMING	5 ALEX COURT GREENVILLE, SC 29609-0000	33	11/20/1986

Is BENJAMIN FLEMING involved in the daily operation of the business? Yes

Business information

Business type	Sub business type	Other
Trucking For-Hire	Household Movers	
Applicant	Employer ID number	
Corporation or LLC	544245725	

Does the applicant have a USDOT Number? No

If a USDOT Number is obtained in the future, it must be provided to Progressive.

Additional policy questions

1. Year the current business was established: 2020
2. Does the insured currently have General Liability Insurance or a Business Owners Policy? Neither
3. Premise type your tow business operates from: Unknown



**3355 Annandale Lane
Suwanee, GA 30024
Ph: Fax: (954) 316-3107**

Date: October 16, 2020

To: Heath Owens - Hub International Carolina

Fax: (866) 553-5124

From: Robert Collier

Phone: 770-510-1609

Email: rcollier@bassuw.com Fax: (954) 316-3113

Re: Insured: Zip2Zip Movers, LLC
Effective Date: 10/15/2020

Pennsylvania Manufacturers' Association Ins Co
Motor Truck Cargo

All binders are subject to policy terms and endorsements

At time of binding the following documents with appropriate signatures will be required:.

Three Year Signed Statement of NO Loss Required to Bind / OR Three Year Prior Carrier Loss History

PMA Motor Truck Cargo supplement

Based on clean MVRs

Bind Request Form Completed

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 770-510-1609 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 2872651A

Bass Underwriters, Inc.**INSURANCE QUOTE**

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

DATE ISSUED: October 16, 2020

PRODUCER: Hub International Carolina
751 Coporate Center Dr
Raleigh, NC 27607

INSURED MAILING ADDRESS: Zip2Zip Movers, LLC
2 Alex Court
Greenville, SC 29609

INSURER: Pennsylvania Manufacturers' Assoc Ins Co A Excellent AM Best Rating
Admitted

COVERAGE: BRK-Motor Truck Cargo-ITMA

POLICY PERIOD: 10/15/2020 TO 10/15/2021

RENEWAL OF:

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES)ISSUED TO REPLACE IT.

LIMITS: See attached

****** Please note, should cancellation be issued the carrier may require a \$50 reinstatement fee. If this policy is Household Goods Movers, the carrier may also require duplicate filing fees.**

	Without Terrorism:	Terrorism
PREMIUM:	\$1,125.00	+
FEES:	Carrier Pol Fee \$50.00	Carrier Pol Fee \$50.00
	Misc Carrier Fee \$75.00	Misc Carrier Fee \$75.00
Surplus Lines Tax:		
Service Office Fee:		
Misc State Tax:		
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$1,250.00	\$1,250.00

*Upon request to bind the agent assumes responsibility for the earned premium, fees and taxes.

DEDUCTIBLE: See attached

TERMS / CONDITIONS:

(a) **MINIMUM EARNED PREMIUM AT INCEPTION - See attached.**

ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) **SUBJECT TO:**

Collection of all required funds prior to requesting the policy be bound.

Pls see attached for terms and conditions

Please note, should cancellation be issued the carrier may require a \$50 reinstatement fee. If this policy is Household Goods Movers, the carrier may also require duplicate filing fees.

(c) **ENDORSEMENTS:**

Pls see attached for endorsements and exclusions

(d) **All other terms and conditions apply per form.**

(e) **Quote is valid for 30 days.**

(f) **Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

COMMISSION:

10%

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

INSURED: Zip2Zip Movers, LLC
DATE ISSUED: October 16, 2020
Account Executive: Robert Collier
Team: Atlanta
Reference #: 2872651A

SEND BIND REQUEST TO: Robert Collier

Fax : (954) 316-3113

or

Email : jyuen@bassuw.com

Agent: Hub International Carolina

INSURED: Zip2Zip Movers, LLC

Quote # 2872651A

Renewal of:

Insurer: Pennsylvania Manufacturers' Assoc Ins Co

Coverage: BRK-Motor Truck Cargo-ITMA

PLEASE BIND EFFECTIVE: _____

TOTAL PREMIUM, FEES & TAXES: _____

TRIA: () Accepted () Declined

Agent Contact: _____

Contact Phone #: _____

Inspection Contact: _____

Inspection Phone #: _____

Producer License Info:

Name _____ License #: _____

****Producing Agent must sign Acord**

Authorized Signature: _____

"By signing the above, agent acknowledges collection of all related fees and costs."

Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:

Pls see attached for terms and conditions

Please note, should cancellation be issued the carrier may require a \$50 reinstatement fee. If this policy is Household Goods Movers, the carrier may also require duplicate filing fees.

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

Coverage: Motor Truck Cargo LL

Limit: \$25,000

Deductible: \$1,000

Radius: 500 Miles

Commodities: HHGs

Number of Power Units: 01

Rate: \$1,125/unit

Fee: \$50.00

Filing Fee: \$75 per filing

Carrier: PMA

Subject to completed PMA MTC application & currently valued MVR's for all drivers.

Please Note: Quote is subject to all terms and conditions as per PMA MTC LL Cargo Policy



www.zip2zipmovers.com

Public Service Commission | Clerk's Office

101 Executive Center Drive, Suite 100, Columbia, SC 29210

To Whom It May Concern:

I hope this finds you well. My name is Benjamin Fleming, Owner of Zip2Zip Movers, LLC. I am writing in regards to the Application for a **Class E Household Goods Certificate** from our company, Zip2Zip Movers, LLC.

I am including this note to formally request an expedited review of our application. Due to the current economic circumstances deriving from COVID-19, we find it to be most conducive to our success to accelerate the process by which we acquire this certificate for operation. Having the ability to enter the market and achieve revenue through competitive strategy and exceptional guest experience will allow our company to grow and outlast the climate at hand. Residents of South Carolina are still on the move and we'd love the opportunity to meet their needs!

In support of our request to accelerate the review, we pledge to provide all requested and necessary information to bolster the consideration for certificate issuance.

Thank you in advance and I look forward to working with you in the weeks ahead!

Warm regards,

Benjamin Fleming

Benjamin Fleming
OWNER

864-663-2624



info@zip2zipmovers.com



ZIP2ZIP MOVERS

